

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-721 Office of Registration of ~~Vital~~ Statistics. Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eddie Bradley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 4 Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } St. Vincent's Inf. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Phthisis
Ex.

Duration of Last Sickness, 3 mos.

All the above information should be furnished by the Physician.

Place of Burial, New North Cemetery

Date of Burial, June 29, 1887

{ Undertaker, John Bassano } J. J. Flannery M. D.
Medical Attendant.

{ Place of Business, Division A Address, 1701 Dr. Hill Ave }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A 722 Office of Registrar of Vital Statistics.

Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, June 27 1887
 Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Ritterhoff
 Sex, Male or Female, { Cross out the word not required in this line. } Male
 Age, _____ Years, 6 Months, _____ Days.
 Color, White
 Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓
 Occupation, X X
 Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. City
 Duration of Residence in the City of Baltimore, Life time
 Place of Death, { Give Street and Number. } 1210 E. Baltimore Ave
 Cause of Death, { First (Primary), Cholera Infantum
 Second (Immediate), _____
 Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem
 Date of Burial, June 28th 1887
 Undertaker, Evans & Silence
 Place of Business, 1000 E. Baltimore Address, 1701 E. Baltimore St.
 Medical Attendant, James E. Donnell M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 723 Office of Registrar of Vital Statistics. Ward 13

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CERTIFICATE OF DEATH.

Date of Death, June 25/89

Full Name of Deceased, Flourance Johnson
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female
{ Cross out the word not required in this line. }

Age, 2 Weeks & 3 days Months, 0 Days, 0

Colored Colored

Married, Single, Widow or Widower, Single
{ Cross out the words not required in this line. }

Occupation, None

Birth Place, Baltimore
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, 1019 Rabor St
{ Give Street and Number. }

Cause of Death, Cholera Infantum
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, a few days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 28-89

Undertaker, Wm. A. Dunfee

Place of Business, 150 East St Address, 136 1/2 N. Gilman St

Geo. R. Purnian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

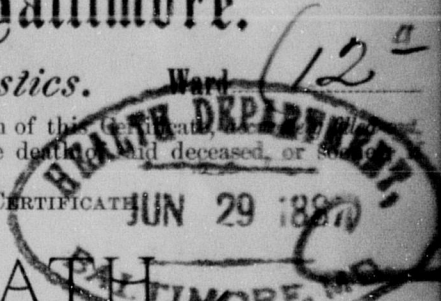
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Health Department, City of Baltimore.

Permit No. 724 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this certificate to the Undertaker or other person superintending the burial, within twenty-four hours after the death of the deceased, or so requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death, Lillie Schate June 28 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lillie Schate

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 Years, 4 Months, 23 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 2043 Division St

Cause of Death, { First (Primary), Cholera Infantum }
{ Second (Immediate), Convulsions }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, June 29

{ Undertaker, W. B. Lizzard } Chas E Sadler M. D.
Medical Attendant.

{ Place of Business, 1137 Pen Ave } Address, 2100 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

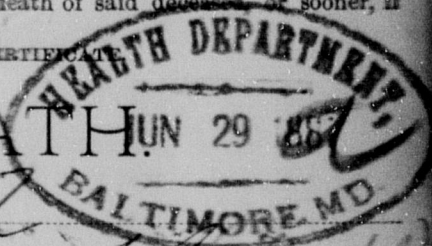
Health Department, City of Baltimore.

Permit No. A-725 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Fred. Kropp

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 4 Years, 4 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, +

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 235 President St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Inf.
Convulsion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul County

Date of Burial, June 29th

Undertaker, Fredrick Kropp Medical Attendant, A. J. Grawden M. D.

Place of Business, 235 President St Address, 2335 Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

26

Office of Registrar of Vital Statistics.

Ward

12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

6/28/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Susie & Wm J. Moody

Sex, Male or Female, { Cross out the word not required in this line. }

Parents (Woods)

Age, Years,

Months,

2

Days.

Color

red

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

295 Hoffman

Cause of Death, { First (Primary), Second (Immediate), }

Premature birth
Asthenia

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 29th 1887

Undertaker, W. H. Bishop

G. A. Fleming

M. D.

Medical Attendant

Place of Business, 97 Grand Ave

Address, 928 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

727

Office of Registrar of Vital Statistics.

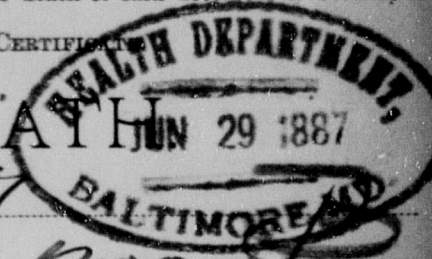
Ward

1st

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death,

June 27th 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary E. Wood

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

26

Years,

Months,

Days.

Color,

White

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

State tel.

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

During life

Place of Death,

{ Give Street and Number. }

921

Berry St.

Cause of Death,

{ First (Primary), }

Phthisis Pulmonalis

{ Second (Immediate), }

Duration of Last Sickness,

10 or 12 days

All the above information should be furnished by the Physician.

Place of Burial,

Mount Holy Redeemer

Date of Burial,

June 29th

{ Undertaker,

W. L. E. P. Co.

E. J. McQuary

M. D.

Medical Attendant

{ Place of Business,

1518 Bond

Address,

2826 Church St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. **A 728** **Board of Health, City of Baltimore**
Office of Registrar of Vital Statistics. **6**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, *June 27 1887*
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } *Charles Kr...*
Sex, Male or Female, { Cross out the word not required in this line. }
Age, *7* Years, *7* Months, *4* Days.
Color, *White*
~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }
~~Occupation,~~
Birthplace, { State or Country and how long in the United States, if of foreign birth. } *Baltimore City*
~~Duration of Residence in the City of Baltimore,~~
Place of Death, { Give street and number. } *46 Fairmount Av. 1939.*
Cause of Death, { First, (Primary.) *Dentition Difficulties*
Second, (Immediate.) *Sudden Collapse, (General Debility)* }
Duration of Last Sickness, *8 Days.*



All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cem*
Date of Burial, *June 28*
{ Undertaker, *W. Dypfel*
Place of Business, *131 S Bond St* Address, }
C. H. Sick M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No.

A 729

Office of Registrar of Vital Statistics.

Ward

7^c

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH



Date of Death, June 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank Athman

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years~~ 9 Months, 6 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give Street and Number. } 1113 N. Dallis St

Cause of Death, { First (Primary), Cholera Infantum
Second (Immediate), Brain trouble }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 29th 1887

{ Undertaker, H. Chink Han }

{ Place of Business, 415 N. Gay St }

H. A. Jaffer M. D.

Medical Attendant.

Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore, 192

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 730

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JUN 29 1887

Date of Death, June 27/1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Christopher

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, 38 Years, ✓ Months, 20 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. } ✓

Occupation, ✓

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bacon

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 1623 Franklin St.

Cause of Death, { First, (Primary.) } Chr. parenchymatous Nephritis
{ Second, (Immediate,) } Exhaustion & Uraemic Convulsions

Duration of last Sickness, Some 2 1/2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 29/87

{ Undertaker, Denny & Mitchell

{ Place of Business, 1201 W. Fayette

Robert W. Mofflin M. D.
Medical Attendant.

Address, 1425 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

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Wm. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

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